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Use of Services
for Family
Planning and
Infertility:
United States

Data From the National Survey of Family Growth
Series 23, No. 8

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Use of Services for Family Planning and Infertility: United States

Statistics from the National Survey of Family Growth are presented on the use of family planning and infertility services by currently married women. The percent of women who ever used family planning services, the percent who used family planning services recently, the percent of recent users who used family planning services at specific places, and the percent who used infertility services are distributed by race or Hispanic origin, age, and various socioeconomic variables.

**Data From the National Survey of
Family Growth
Series 23, No. 8**

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Symbols

- ... Data not available
- ... Category not applicable
- Quantity zero
- 0.0 Quantity more than zero but less than 0.05
- Z Quantity more than zero but less than 500
- * Figure does not meet standards of reliability or precision
- # Figure suppressed to comply with confidentiality requirements

Use of Services for Family Planning and Infertility

by Gerry E. Hendershot, Ph.D., Division of Vital Statistics,
and Karl E. Bauman, Ph.D., University of North Carolina

Introduction

The statistics in this report on the use of family planning and infertility services in the United States are based on interviews with a national sample of 6,428 currently married women 15-44 years of age, which were conducted by the National Center for Health Statistics. The statistics are presented in text tables A-D, figures 1-4, and detailed tables 1-10. Appendixes I-III contain descriptions of technical aspects of the survey, definitions of certain terms, and reproductions of pertinent sections of the survey questionnaire. The following section is a discussion of the principal findings, based primarily on the text tables and figures. Later sections of the text present the source and limitations of the data and more detailed findings.

Between the mid-1960's and 1976 dramatic changes occurred in the contraceptive practice of American women, for example, the percent of currently married women using very effective methods (pill, intrauterine device (IUD), or surgical sterilization) increased from 23.8 percent to 47.7 percent.¹ During the same period equally dramatic changes occurred in the provision of family planning services, for example, the number of patients served annually in organized family planning programs more than quadrupled between 1968 and 1976, from under 900,000 to over 4 million.² As either a cause or effect, the growth in use of family planning services

undoubtedly was associated with the growth in use of effective contraceptive methods. Today, a full understanding of contraceptive practice and family growth in the U.S. population requires knowledge of how family planning services are used.

Data on the use of family planning services are produced by three data systems of the National Center for Health Statistics: the National Reporting System for Family Planning Services, the National Ambulatory Medical Care Survey, and the National Survey of Family Growth. The National Reporting System for Family Planning Services is based on a national sample of medical organizations that provide family planning services;³ the National Ambulatory Medical Care Survey is based on a national sample of office-based physicians;⁴ and the National Survey of Family Growth is based on a national sample of women in the reproductive years. Whereas the first two data systems use information from the providers of family planning services, the National Survey of Family Growth uses information from recipients of the services. Because of this difference and differences in collection procedures and definitions of terms, statistics on family planning visits from the three data systems may differ.

Two previous reports on family planning services based on the National Survey of Family Growth have been published; one is a detailed report on the findings from Cycle I (1973),⁵ and the other is a preliminary report on the findings from Cycle II (1976).⁶ This report presents detailed findings from Cycle II.

Principal findings

Two measures of the use of family planning services are included in this report. The term "ever use" refers to ever having had a discussion with a health care provider about family planning methods to delay or prevent a pregnancy. The term "recent use" refers to those discussions in the 3 years before interview. Women who reported recent use were asked where the latest visit occurred, whether they were advised at that visit to start or change contraceptive methods, and if so, which method was recommended.

Most nonsterile married women had talked with a doctor or other professional about family planning in the 3 years before their interview in 1976 (58.6 percent (table A)). Recent family planning visits were more common among white (59.9 percent) than among black (46.9 percent) or Hispanic women (51.8 percent).

Also, younger women (15-29 years of age) were more likely than older women (30-44 years of age) to have made a recent family planning visit (70.8 percent and 44.5 percent, respectively). This difference by age existed independently of race or ethnicity; that is, regardless of race or ethnicity, younger women were more likely than older women to have had a recent visit (figure 1).

Among women with a family planning visit in the 3 years before the interview in 1976 (recent visitors), most made their latest visit to their personal physician; only 15.9 percent made their latest visit to a family planning clinic or other organized medical service (table B). Recent visitors who were black or Hispanic women (37.0 and 32.7 percent), however, were more likely than white recent visitors (14.1 percent) to have made their latest visit to an organized medical service.

Young visitors, also, were more likely to have

gone to an organized medical service (18.3 percent) than older women (11.5 percent). The associations of youth (women, 15-29 years of age) and minority status (black and Hispanic women) with a greater likelihood of using organized medical services for family planning were cumulative; therefore, the greatest use of organized medical services by recent visitors was among young minority women (figure 2).

During their most recent family planning visit (in the last 3 years), it was recommended to many women that they begin using a method of contraception or that they change from one method to another. The method most often recommended by both personal doctors and organized medical services was the pill (table C). However, the pill was more likely to be recommended to women who last visited an organized medical service than to those who last visited their personal physician. On the other hand, sterilization was more likely to be recommended to women who last visited their own physician (figure 3) than to other visitors, at least partly because they tended to be older women, for whom sterilization is more likely to be medically indicated.

Although many women use family planning services to help them prevent unwanted pregnancies, others use infertility services to help them overcome reproductive impairments that restrict wanted pregnancies. About 6.9 percent of nonsterile married women used infertility services in the 3 years before their interview in 1976 (table D). The percent was higher for women who were childless or had only one child in 1976, especially among black women, than for those who had 2 children or more (figure 4). Proportionately, infertility services were used about the same by both black and white women.

Table A. Percent of nonsterile women who had a family planning visit in the last 3 years, by race or Hispanic origin, age, parity, poverty level income, labor force status, religion, and geographic region: currently married women 15-44 years of age, United States, 1976

Characteristic	Race or Hispanic origin			
	All races ¹	White	Black	Hispanic origin ²
	Percent			
All characteristics	58.6	59.9	46.9	51.8
Age				
15-29 years	70.8	72.3	57.8	62.0
30-44 years	44.5	45.5	35.4	39.6
Parity				
0-1 parity	63.2	64.7	47.3	52.8
2-4 parity	55.1	56.0	48.7	48.9
5 parity or more	52.7	55.6	38.3	*65.2
Poverty level income				
Below poverty income	58.5	62.3	43.8	*45.7
100-149 percent of poverty income	58.2	60.4	41.1	*61.8
150-199 percent of poverty income	62.8	63.1	60.2	*56.1
200 percent and above of poverty income	60.0	61.0	48.0	51.4
Labor force status				
In labor force	57.9	59.4	46.0	56.1
Not in labor force	59.1	60.3	48.4	48.6
Religion				
Protestant	58.4	60.3	46.2	57.6
Catholic	56.9	57.5	47.8	49.7
Jewish	54.1	54.0	*	*
Other or none	69.7	72.2	59.6	*72.7
Geographic region				
Northeast	51.9	52.6	45.5	40.6
North Central	59.7	60.3	48.0	*64.9
South	57.9	60.0	46.5	47.8
West	66.8	68.8	50.0	59.3

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

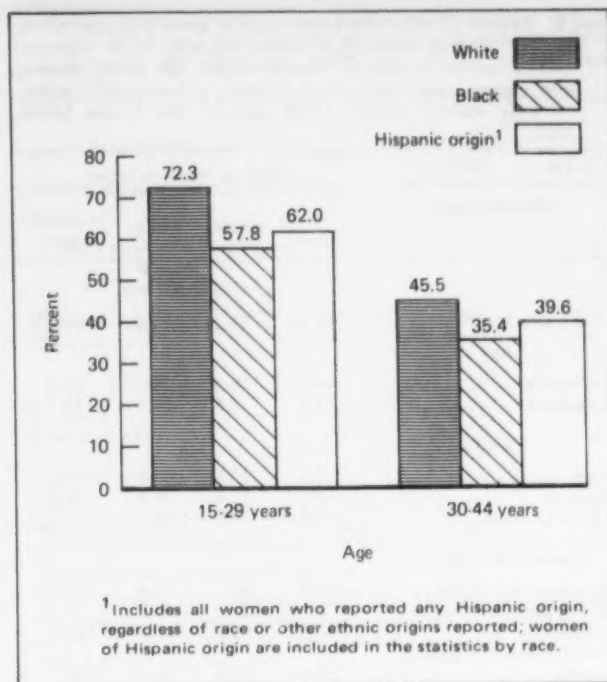


Figure 1. Percent of nonsterile women who had a family planning visit in the last 3 years, by race or Hispanic origin and age: currently married women 15-44 years of age, United States, 1976

Table B. Percent of nonsterile women with a family planning visit in the last 3 years whose most recent visit was to an organized medical service, by race or Hispanic origin, age, parity, poverty level income, labor force status, religion, and geographic region: currently married women 15-44 years of age, United States, 1976

Characteristic	Race or Hispanic origin			
	All races ¹	White	Black	Hispanic origin ²
	Percent			
All characteristics	15.9	14.1	37.0	32.7
Age				
15-29 years	18.3	16.4	38.8	37.4
30-44 years	11.5	9.9	34.0	*23.3
Parity				
0-1 parity	17.3	15.5	37.4	30.2
2-4 parity	14.0	12.4	34.6	35.6
5 parity or more	19.6	*15.6	48.3	*29.7
Poverty level income				
Below poverty income	30.6	25.4	55.6	*59.6
100-149 percent of poverty income	35.5	36.2	*40.5	*51.2
150-199 percent of poverty income	22.0	19.8	44.1	*38.1
200 percent and above of poverty income	10.8	9.6	27.5	*15.6
Labor force status				
In labor force	14.8	12.6	35.7	27.9
Not in labor force	16.9	15.5	39.0	36.9
Religion				
Protestant	16.2	13.7	39.9	*23.1
Catholic	14.4	13.2	*27.6	37.4
Jewish	*7.4	*7.4	-	-
Other or none	22.5	23.6	*9.7	*11.5
Geographic region				
Northeast	12.0	10.7	29.4	*41.7
North Central	13.4	12.1	40.2	*48.9
South	18.0	14.7	40.4	*25.0
West	20.0	19.7	*26.6	*32.0

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

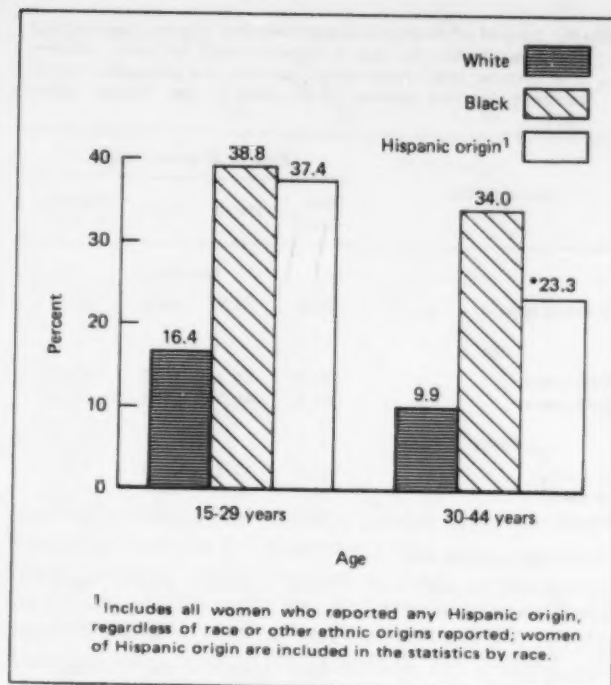


Figure 2. Percent of nonsterile women with a family planning visit in the last 3 years whose most recent visit was to an organized medical service, by race or Hispanic origin and age: currently married women 15-44 years of age, United States, 1976

Table C. Percent distribution of nonsterile women who had a family planning visit in the last 3 years at which a recommendation was made to start a method of contraception or change methods, by method recommended, according to race and place of most recent visit: currently married women 15-44 years of age, United States, 1976

Contraceptive method recommended	Race and place of most recent visit			
	White		Black	
	Own physician	Organized medical service	Own physician	Organized medical service
	Percent distribution			
All methods . . .	100.0	100.0	100.0	100.0
Sterilization . . .	30.4	21.3	28.9	*21.1
Pill	35.5	45.1	32.2	48.0
IUD	15.2	16.3	*13.8	*17.4
Traditional methods	18.3	14.6	21.9	*12.8
None	*0.5	*2.6	*3.2	*0.7

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

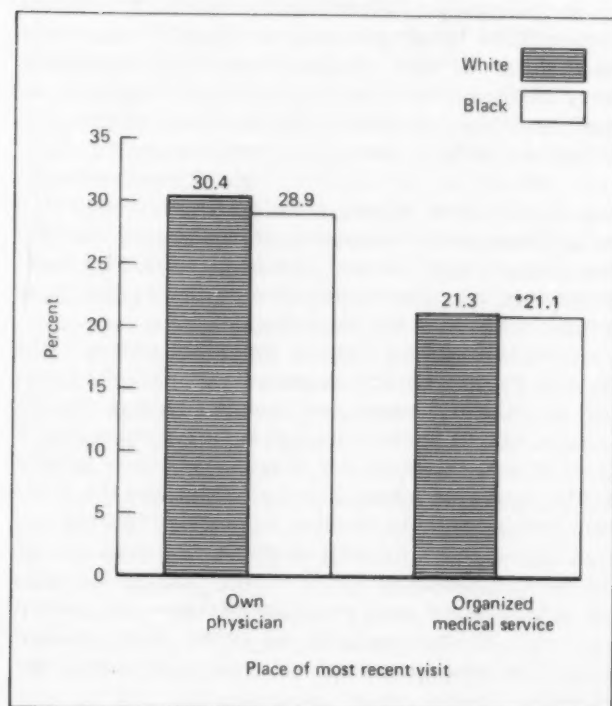


Figure 3. Percent of nonsterile women receiving a method recommendation at most recent visit to whom sterilization was recommended, by race and place of visit: currently married women 15-44 years of age, United States, 1976

Table D. Percent of nonsterile women who had an infertility consultation in the last 3 years, by race, age, parity, and geographic region: currently married women 15-44 years of age, United States, 1976

Characteristic	All races ¹	Race	
		White	Black
		Percent	
All characteristics	6.9	6.7	7.4
Age			
15-29 years	8.5	8.4	8.8
30-44 years	5.0	4.7	5.9
Parity			
0-1 parity	12.1	11.6	*15.5
2 parity or more	2.6	2.6	*2.3
Geographic region			
West	8.6	8.8	*3.4
Non-West	6.5	6.2	7.9

¹Includes white, black, and other races.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

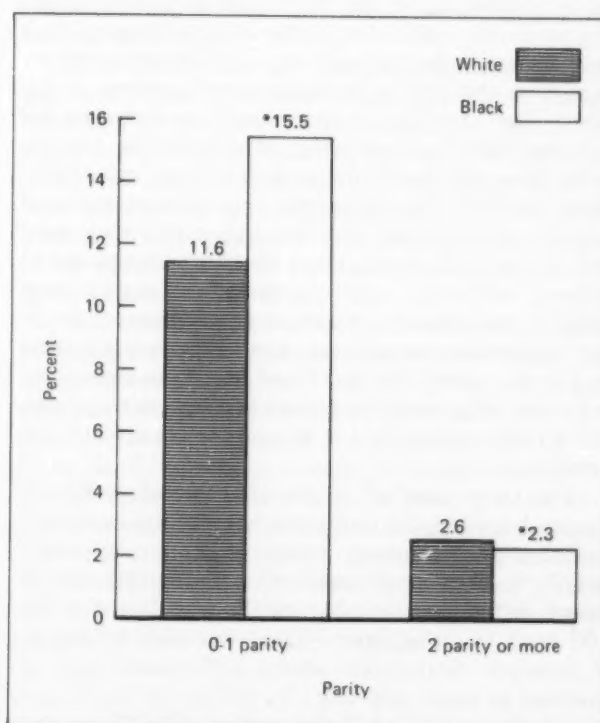


Figure 4. Percent of nonsterile women who had an infertility consultation in the last 3 years, by race and parity: currently married women 15-44 years of age, United States, 1976

Source and limitations of the data

The National Survey of Family Growth (NSFG), Cycle II, was conducted by the National Center for Health Statistics (NCHS) in 1976. Sampling, data collection, and data processing were carried out by Westat, Inc., under a contract with NCHS. A total of 8,611 women were interviewed in their homes by trained female interviewers who used a standard questionnaire. The sample women were scientifically selected to represent all women 15-44 years of age living in households in the conterminous United States who were ever married or single with children of their own living in the household; only those currently married at the time of interview were included in this report. The statistics in this report are estimates for that currently married national population, but because they are based on a sample they may differ somewhat from the true population values because of sampling error. Also, nonsampling errors may have been introduced during data collection, processing, or analysis, although quality control measures were taken at each stage to minimize error. The sample design, estimating procedures, and variance estimation used in the survey are discussed briefly in appendix I and more extensively in a special report on those topics.⁷ Certain terms used in this report are discussed in appendix II.

The term "similar" means that any observed difference between two estimates being compared is not statistically significant; terms such as "greater," "less," "larger," and "smaller" indicate that the observed differences are statistically significant at the 0.05 level, by using a two-tailed *t*-test with 40 degrees of freedom. Statements about differences that are qualified in some way (e.g., by the use of the phrases "the data suggest" or "some evidence") indicate that the difference is significant at the 0.10 level, but not the 0.05 level.

The statistics on the use of family planning and infertility services are based on a series of questions reproduced in appendix III. From these questions, it was determined whether women had ever talked with a doctor or other trained person about methods to

delay or prevent pregnancy. Women who were not sterile 3 years before the interview and had such a conversation in the last 3 years were asked where the latest visit took place and what recommendations were made at that visit. All nonsterile women were asked if they had talked with a doctor or other trained person in the last 3 years about increasing their chances of having a baby.

In this report a talk with a doctor or other trained person about family planning or infertility services is classified as a "visit." According to the respondents, many of those visits resulted in a recommendation to start or change contraceptive methods, which is an important medical service. It should be noted, however, that the specific services obtained in these visits may have varied widely, from brief discussions with paraprofessionals to surgical procedures in hospital operating rooms. Caution should be used, therefore, in inferring any characteristics of visits beyond those actually covered in the interview.

Also, information about the place of visit and method recommendations pertains only to the latest visit in the last 3 years, not to earlier visits in the last 3 years, nor to latest visits that occurred more than 3 years before the interview. Restrictions on interview length prevented asking about all visits, and the latest visit was expected to be most accurately reported and most relevant to the respondent's circumstances at the time of the interview. However, because the visits for which place and recommendations are known may not be representative of other visits, caution should be used in making any generalizations about all visits.

Data on family planning visits from the NSFG are not directly comparable to data on family planning visits from the National Reporting System for Family Planning Services (NRSFPS) or the National Ambulatory Medical Care Survey (NAMCS) because they are from a different source and because visits are defined differently. The several data sources provide different but complementary perspectives on family planning visits.

Ever use of family planning services

Use of family planning services in this report is classified as "ever use" and "recent use." Ever use is measured by the percent of women who reported that they had ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy. Recent use is measured by the percent of nonsterile women who reported that a doctor or other trained person had talked with them about a method for delaying or preventing a pregnancy during the past 3 years. Because the early 1970's was a period of significant change in both the amount and kind of family planning services provided, recent use of services is particularly interesting and important. For that reason it is given greater attention in the discussion that follows.

The first and second columns of tables 1-6 show the numbers of currently married women and the percent of those women who had ever had a family planning visit, by race or Hispanic origin, age, and various socioeconomic characteristics. Of the approximately 27.5 million currently married women 15-44 years of age in 1976, 76.8 percent or 21.1 million had had a family planning visit at some time in their lives. This high level of family planning service use is to be expected in a population that relies heavily on methods of contraception requiring medical intervention, such as the pill, IUD, and surgical sterilization.¹ Table 1 shows that the majorities of both younger and older women among white, black, and Hispanic women reported having had a visit. Tables 2-6 also show that the majorities of women in nearly every category had at some time used family planning services. Regardless of life circumstances, most American women

have talked with a doctor or other professional about methods to delay or prevent a pregnancy.

However, some significant intergroup differences in ever use of family planning services were found. White women were more likely than black or Hispanic women to have made a visit at some time in their lives: 78.1 percent compared with 64.4 and 68.8 percent, respectively. These racial and ethnic origin differences were found within most categories of age (table 1) and within most other subcategories considered (tables 2-6).

A difference in ever use associated with women's age at the time of interview was also found; younger women (15-29 years of age) were more likely than older women (30-44 years of age) to have had a visit. The difference is substantial and widespread; ever use was about 13 percentage points higher among younger (83.8 percent) than among older women (70.9 percent) and it was found for nearly all subgroups considered in tables 1-6.

If no historical trend in the likelihood of family planning service use existed, older women would have higher cumulative rates of use than younger women; instead, younger women have higher rates, which indicate a recent increase in the probability of services being used, especially among young women. The recent increase may reflect both the growth in the availability of family planning services² and the aggregate shift toward contraceptive methods that require a physician's prescription.¹ Because recent use patterns are different from earlier patterns, the remaining sections of this report focus on recent use.

Recent use of family planning services

Nonsterile women married to nonsterile men are potential users of family planning services. To further define recent use, women were considered potential users if neither they nor their husbands had become sterile before January 1973. Potential users were asked if they had talked with a doctor or other trained person about family planning in the past 3 years. Those who reported such conversations were considered recent users and were asked additional questions about their latest family planning visit, such as where it was made and what contraceptive method was recommended, if any.

About 58.6 percent of potential users had made a recent family planning visit. That percent varied depending on certain user characteristics. These characteristics, place of latest visit, and recommendations made at that visit are discussed in the following sections.

Characteristics of potential users

Table A shows the percents of potential users with a recent family planning visit, classified by selected characteristics. Tables 1-6 show the same percents in greater detail of age.

Race or Hispanic origin.—Differences in recent use among race and ethnic groups are similar to those for ever use. Table A and figure 1 show that white women were more likely to have made a visit in the 3 years before the interview (59.9 percent) than either black women (46.9 percent) or women of Hispanic origin (51.8 percent). The difference between black and Hispanic women is not statistically significant.

The higher incidence of recent visits among white women compared with black women was found in every category of every variable considered in table A. However, in a few categories (150-199 percent of poverty level income, non-Protestant religion categories, and the Northeast Region), the difference was too small to be statistically significant. The estimates for Hispanic women in the subcategories of table A

are based on relatively few sample cases, and sampling variability is therefore large; for that reason, many of the differences within subcategories between Hispanic women and white or black women are not statistically significant.

Because the racial difference in recent use of family planning services is substantial and widespread, it should be considered in making comparisons among women classified by other characteristics. To enable these comparisons, the tables in this report, both text and detailed tables, show statistics on the use of family planning services separately for white, black, and Hispanic women.

Age.—The statistics on ever use of family planning services indicate that young women had been frequent users in recent periods. This fact is confirmed by table A, which shows that 70.8 percent of potential users 15-29 years of age had talked with a physician or other trained person about family planning in the 3 years before the interview. That figure compares with only 44.5 percent of potential users aged 30-44 years who had had a recent family planning visit. Significant age differences of similar magnitude were found for each racial or ethnic group considered. The difference in recent use between younger and older women may reflect a difference in their personal need for services; older women may have felt themselves to be more adequately protected from the risk of unplanned pregnancy by the method they were using (if any) without medical consultation, while younger women felt less adequately protected. Or, as previously suggested, younger women may have been more likely than older women to have had services available to them, or to have used methods of contraception that required a recent family planning visit. Because of the strong association of age with recent service use, its interaction with other characteristics is discussed later in the report.

Parity.—Among the potential users of family planning services—that is, women in nonsterile marriages in January 1973—those of low parity (0-1

birth) were more likely to have made a recent visit than women of medium parity (2-4 births) or high parity (5 births or more)—the percents were 63.2, 55.1, and 52.7, respectively. Those differences were largely due to parity differences among white women; among black and Hispanic women no significant differences were found between parity groups in the rate of recent family planning visits.

Poverty level income.—No significant differences occurred between poverty level groups in the percent with a recent visit, neither for all races combined, nor for any race or ethnic group considered separately.

Labor force status.—Women in the labor force (those with a job or seeking a job) did not differ significantly from those not in the labor force regarding the percent with a recent visit for family planning services. This similarity was found for all races and for white, black, and Hispanic women considered separately.

Religion.—Table A shows that potential users of family planning services who reported their religious associations as "Other or none" were more likely than Protestant, Catholic, and Jewish women to have made a recent visit. The differences were fairly large, with women in the "Other or none" category having had 69.7 percent with a visit in the 3 years before interview, compared with 58.4 percent among Protestant women, the religious group with the next highest proportion. No significant differences were found in the percent with a recent family planning visit between Protestant, Catholic, and Jewish women.

Geographic region.—Among all races combined and among white women, recent visits were most likely in the West (66.8 percent) and least likely in the Northeast Region (51.9 percent). The two other regions—the North Central and South—had percents about midway between those extremes (59.7 and 57.9, respectively) and did not differ significantly from one another regarding recent family planning visits.

Age and other characteristics.—As previously noted, table A shows that younger women (15-29 years of age) were more likely than older women (30-44 years of age) to have made a family planning visit in the 3 years before the interview. Table A also shows that recent visit rates varied with parity, religion, and geographic region. Because the age composition of the population also varies with parity, religion, and geographic region and age is related to recent visits, it is possible that differences in age composition may explain, at least partly, the relationships between recent use of family planning services and these characteristics. This can be examined by comparing recent visit rates among groups classified simultaneously by age and parity, religion, or geographic region. These classifications are found in tables 2, 5, and 6 and are discussed in the following paragraphs.

Age and parity.—When women of all ages were considered together (table A), it was found that women of low parity (0-1 birth) were more likely than women of higher parity (2 births or more) to have made a recent family planning visit. However, when younger and older women were considered separately (table 2), that pattern was not found; low parity was not associated with higher rates of recent visits among either younger or older women; in fact, recent use increased with increasing parity among the older women. Thus the previously noted association between low parity and high rates of recent family planning visits is explained by the fact that low parity women were disproportionately young and young women were more likely to have made a recent visit.

Age and religion.—Women who reported no religion or a religion other than Protestant, Catholic, or Jewish were younger than women who were Protestant, Catholic, or Jewish. Their youth, however, can explain only a small part of the higher incidence of recent family planning visits among these women. When younger women were considered separately, for instance, the percents with a visit in the last 3 years among Protestant, Catholic, and Jewish women were 68.6, 74.0, and 65.4, respectively; and the percent with a visit among those whose religion was classified as "Other or none" was 78.2 (table 5). These differences between the Other or none category and the remaining categories are smaller than the parallel differences for women of all ages combined (table A). Because these differences involve more variable estimates, not all are statistically significant, but were in the same direction. Differences in age composition alone do not account for the higher rate of recent family planning service use among women whose religion was not Protestant, Catholic, or Jewish, but was another religion or no religion.

Age and geographic region.—When younger women were considered separately, the previously noted differences in the incidence of recent family planning visits between geographic regions were smaller and were not statistically significant. The difference in percents between the West and Northeast Regions in table 6 was 14.9 percentage points among all ages combined (66.8 and 51.9 percent, respectively), but it was only 5.9 percentage points among women aged 15-29 years (73.9 and 68.0 percent, respectively). Among older women, however, the difference between the West and Northeast Regions was slightly larger than the difference for all ages combined. The high rate of family planning service use in the West was attributable both to the greater likelihood of women of all ages in that region to make visits and to the younger age composition of potential users when compared to the Northeast Region.

To summarize, a younger age composition accounts for the relatively high rate of recent use of family planning services among women of low parity,

but age composition only partially accounts for differences in use among women of different religions and geographic regions. Note that these comparisons involve only relationships among three variables at a time—use of family planning services, age, and a selected characteristic (parity, religion, or geographic region). A full explanation of the relationship between any two variables (such as that between residence in the West Region and a high rate of recent use) would require the simultaneous consideration of many variables within an explicit theoretical model. Such an attempt would be beyond the scope and purpose of this report.

Place of latest visit

Women who reported that they had made a family planning visit in the 3 years before the interview were asked several questions about their most recent visit, including the place of that visit. A large majority of recent users of family planning services (84.1 percent) had their latest visit with their own physician and a minority (15.9 percent) had the latest family planning visit at an organized medical service, usually a general health clinic or a specialized family planning clinic. The percents of recent visitors whose latest visit was to each of these places (own doctor and organized medical service) are shown in tables 1-6 for women classified by race, age, and several selected characteristics. Table B shows, by race and selected characteristics, the percent of women whose most recent visit (in the 3 years before the interview) was to an organized medical service. Organized medical services, which have been the principal means through which publicly sponsored or funded family planning programs have operated in recent years, are the focus of the following discussion of associations between place of latest visit and selected characteristics of recent visitors.

Note that the statistics on place of visit reported here refer only to the latest visit in the 3 years before the interview. Latest visits may differ significantly from all visits and from all recent visits regarding their place and other characteristics. If, for instance, women's choice of family planning service providers was related to their age, they might tend to go to organized medical services for their early visits and to their own physician for their later visits (or vice versa); in that case, the place of the latest visit (own physician) would provide an incomplete description of the place characteristic of all visits. The magnitude and direction of these differences between the latest and previous visits is not known; therefore, these data on latest visits should be used cautiously in making inferences about other visits, even in the last 3 years.

Race or Hispanic origin.—Among women with a recent family planning visit, black and Hispanic women were more likely than white women to have

made their latest visit to an organized medical service (37.0 and 32.7 percent for black and Hispanic women, compared with only 14.1 percent for white women). This difference in the use of organized medical services between black and white women was found in all but one of the subgroups considered (although it was not statistically significant in two others). The exception was women who reported their religious association as "Other or none." The difference among these women was opposite, but not statistically significant.

Age.—Recent visitors 15-29 years of age were more likely than recent visitors 30-44 years of age to have made their latest family planning visit to an organized medical service (18.3 percent for the younger women compared with 11.5 percent for the older women). The age difference was found for all three race and origin groups, but was statistically significant only for white women.

The fact that younger visitors were more likely than older visitors to use organized medical services for family planning may reflect an emergent trend toward greater use of clinics by all women, or it may reflect a tendency for women in each generation to go to clinics when they are younger and to their own physicians when they are older, or both.

Parity.—No statistically significant differences were found between parity groups regarding organized medical services as the place of the latest visit.

Poverty level income.—Table B shows that recent visitors whose income was below or near the poverty line (less than 200 percent of poverty level income) were more likely than recent visitors with higher income to have made their latest visit to an organized medical service; the highest percent, 35.5, was for women with income at 100-149 percent of the poverty level and the lowest percent, 10.8, was for women with income at 200 percent or more of the poverty level income. The difference by income level was found for all races combined, and for white, black, and Hispanic women considered separately, although it was not statistically significant for the latter group.

Labor force status.—The percent of recent visitors whose latest visit was to an organized medical service did not differ significantly between women in the labor force and women not in the labor force.

Religion.—Among recent visitors of all races combined, and among white visitors, those in the religion category "Other or none" were more likely than Protestant, Catholic, and Jewish visitors to have made their most recent visit to an organized medical service. Differences between religious denominations among black and Hispanic visitors were not statistically significant.

Geographic region.—The percent of recent visitors whose latest visit was to an organized medical service was higher in the West and South Regions (20.0 and

18.0, respectively) than in the Northeast and North Central Regions (12.0 and 13.4, respectively), as shown in table B. Among white visitors the same regional differences occurred, except that the differences between the South Region and the Northeast and the North Central Regions were not statistically significant. Among black and Hispanic visitors regional differences in the percent of latest visits made to organized medical services were not statistically significant.

Age and other characteristics.—It was previously noted that the percent of recent visitors whose latest family planning visit was made to an organized medical service differed significantly between younger and older women. The place of visit differences noted subsequently between women classified by poverty level income, religion, and geographic region may be accounted for partly by differences in the age compositions of those groups. The relationship of place of visit to income, religion, and geographic region, excluding some of the effects of age composition, can be found by examining those relationships within groups of visitors classified by age (see tables 3, 5, and 6).

Age and poverty level income.—Table 3 shows that among both younger visitors (15-29 years of age) and older visitors (30-44 years of age), poor and nearly poor women (those with income less than 200 percent of the poverty level) were more likely than women with greater income to have made their latest family planning visit to an organized medical service. Although the estimates for these more detailed categories are less reliable and differences among them are not statistically significant, differences in age composition do not account for differences between income groups regarding the place of the latest family planning visit.

Age and religion.—Table 5 shows that among visitors 15-29 years of age, women in the religion category "Other or none" were more likely than Catholic women and somewhat more likely than Protestant women to have made their latest family planning visit to an organized medical service and the difference was larger than that for visitors of all ages 15-44 years combined. The same difference was found for visitors 30-44 years of age, although it was smaller than the difference among younger women and not statistically significant. Thus the differences in the place of the latest visit between religious groups may have been present for recent visitors of each age, but were greater for young visitors.

Age and geographic region.—As previously noted recent visitors in the South and West Regions were more likely than those in the Northeast and North Central Regions to have made their latest visit to an organized medical service. These differences were also found for younger and older women considered separately (table 6), although the differences were not sta-

tistically significant for older women because of the greater sampling variability of the estimates.

To summarize, the evidence suggests that differences in age composition do not account for the observed differences in the use of organized medical family planning services between income, religious, and regional groups. Although the size and statistical significance of differences vary, regardless of age, poor and nearly poor visitors, visitors in the religious category "Other or none," and visitors in the South and West Regions were more likely than visitors with higher income, visitors who were Protestant or Catholic, and visitors in the Northeast or North Central Regions, to have made their latest family planning visit to an organized medical service.

Recommendations at latest visit

In this section the recommendations made by the physician or other trained person at the latest family planning visit to recent visitors whose latest visit was to their own doctor are compared with the recommendations made to women whose latest visit was to an organized medical service. This discussion is based on detailed tables 7-9, text table C, and figure 3.

Recommendations to start or change a method.—As shown in table 7, both personal physicians and organized medical services recommended to about one-half of the visitors that they start using a contraceptive method (for the first time) or that they change methods (46.8 percent and 51.3 percent, respectively). However, visitors to organized medical services were more likely to have been advised to start a contraceptive method (27.1 percent) than visitors to personal physicians (18.7 percent). (Note that recommendations may have varied considerably in forcefulness and may have been prompted by the visitor's own request [see appendix II].)

Some caution is advised in interpreting the latter difference, both because it is not large, and because the distinction between starting and changing may have been ambiguous to some respondents who were resuming contraceptive practice with a different method after a period of nonuse, even though interviewers were trained to anticipate and correct that ambiguity.

With those cautions in mind, the higher relative frequency of recommendations to start using a contraceptive method by organized medical services than by personal physicians may be interpreted as reflecting the tendency, suggested earlier, for organized medical services to be more popular among women beginning contraception for the first time than among women already practicing contraception. That interpretation is supported by the observations (also from table 7) that among both younger and older women, and in all three racial and ethnic groups considered, recommendations to start using a contraceptive

method were more common by organized medical services than by personal physicians, although for some of these more detailed categories the variability of the estimates made the differences statistically nonsignificant. This tendency and the relatively larger number of young beginners among clinic visitors, account for the more frequent start recommendations by organized medical services than by private physicians.

Methods recommended.—Table C shows percent distributions of recent visitors by the method recommended at the latest visit, according to race and place of the latest visit. Only women who, at their latest family planning visit, received a recommendation to start or change a contraceptive method were included in these data. Table C was excerpted from table 8 to facilitate comparisons of the recommendations made by the major service providers (i.e., personal physicians and organized medical services). Figure 3 shows the percent to whom sterilization was recommended, by race and type of provider.

The pill was the method most often recommended by both personal physicians and organized medical services, although it was recommended more often by the latter than the former. Sterilization was the second leading recommendation by both service providers, but it was more likely to be recommended by personal physicians than by organized medical services (table 8).

As shown in table C, these patterns of recommendations—the relative popularity of methods and the differences between providers—were found for both white and black visitors alike. No significant difference was found between the recommendations made to black and white visitors once the place of last visit was taken into account. These overall differences between the recommendations made to black and white visitors arose because black women more often visited an organized medical service, where the pill was the clear leader, and white women more often visited their personal physician, where sterilization was a very close second to the pill.

For both black and white recent visitors, sterilization was more often recommended by personal physicians than by organized medical services at the last visit (figure 3), although the difference was not significant for black women. That finding may be explained largely by the age composition of visitors to the two service providers. Although visitors to organized medical services were predominantly younger women (15-29 years of age), visitors to personal physicians were more equally divided between the younger and older (30-44 years of age) women. Because sterilization is more likely to be medically indicated for the older patient, private physicians, who saw relatively more of the older patients, were more likely to recommend it.

This explanation is supported by comparisons within age groups of the percent to whom sterilization was recommended at the latest visit by personal physicians and organized medical services (table 8). When younger and older women were considered separately, no significant differences were found between personal physicians and organized medical services in the percent of recent visitors to whom sterilization was recommended at the latest visit.

Methods used at interview.—Table 9, which includes only women with a family planning visit in the 3 years before the interview, shows the percent who were practicing contraception at the time of the interview, and the percent distribution of current contraceptors by method of contraception. These statistics are shown separately for visitors whose latest visit was to their own doctor and those whose latest visit was to an organized medical service. Although these data describe some aspects of the statistical relationship between the service provider and the pattern of current contraceptive use, caution must be used in inferring any causal relationship between them (or lack thereof), because many factors other than the provider of their latest family planning service may affect women's subsequent practice of family planning.

Most recent users of family planning services were practicing contraception at the time of the interview, regardless of the place of the latest visit: 78.2 percent among those who last visited their own physician and 75.8 percent among those who last visited an organized medical service (table 9). Also, visitors to both service providers had similar distributions of contraceptors by the method used at interview; the pill was the clear leader and the most effective methods as a group (pill, IUD, and sterilization) accounted for more than 70 percent of the users. The statistically significant differences between visitors to personal physicians and to organized medical services were in the percents who had been sterilized by the time of the interview, or who were using an IUD. Those who had most recently visited their own physician were more likely to have been sterilized (18.2 percent) than those who had most recently visited an organized medical service (12.9 percent), and were less likely to be using an IUD (9.8 and 14.4 percent, respectively). As noted previously, private physicians were more likely than organized medical services to see older women, for whom sterilization is more likely to be medically indicated; when younger and older women were considered separately in table 9, the difference in sterilization between service providers is smaller and statistically nonsignificant, although the trend flows in the same direction.

Use of infertility services

The term "family planning" usually refers to the use of some form of contraception to space or limit childbearing and this definition has been used in this report. However, the general goal of most programs that provide family planning services is to enable couples to have the number of children that they desire. For most couples, achieving that objective involves preventing unwanted or untimely births; hence the association of family planning with contraception. However, for some couples, achieving desired fertility involves overcoming an impairment to their fecundity (difficulty in conceiving or in continuing a pregnancy to full term). A recent report found that 1.46 million nonsterile couples who wanted more children reported a fecundity impairment.⁸ The medical services needed by these couples are called infertility services, and are often provided by their personal physicians, but are also provided by family planning clinics and other organized medical services. Statistics on the use of these infertility services are presented and discussed in this section.

To determine the use of infertility services, women who were in nonsterile marriages in January 1973 were asked if they had talked with a medical doctor or other trained person about *increasing* their chances of having a baby in the 3 years before the interview. Nonsterile means the woman did not report a sterilizing operation, accident, or other condition that would make conception impossible (see appendix II). It is possible that some nonsterile couples were sterile without being aware of it. The percent of currently married, nonsterile women who reported such a conversation (i.e., who used infertility services in the 3-year period) is shown in table 10, classified by race or ethnic origin and selected socioeconomic characteristics. Table D and figure 4 summarize some of the more important and interesting data from table 10.

About 6.9 percent of nonsterile, currently married women 15-44 years of age used infertility services in the 3 years before the interview in 1976.

Although that number is small compared with the percent who used family planning services, it is not negligible. The figures for white and black women differed by less than a percentage point (6.7 and 7.4 percent, respectively), a statistically nonsignificant difference. Although the differences in the use of infertility services between black and white women were larger in some categories of age, parity, and geographic region, in most cases they were not large enough to be statistically significant. It is noteworthy that among childless women (0 parity), black women were nearly twice as likely as white women to have had an infertility consultation (26.2 and 13.2 percent, respectively).

A significant difference was found, however, between women 15-29 years of age and women 30-44 years of age; the younger women were more likely to have consulted a doctor or other trained person about increasing their chances of having a baby (8.5 percent) than the older women were (5.0 percent). The age difference may have arisen from several causes, including the possibility that older women already had received infertility services before the 3-year period they were asked about. The age difference was also found for white and black women considered separately, although the difference for black women was not statistically significant.

Parity was also associated with recent use of infertility services; women with low parity (0-1 birth) were more likely to have had an infertility consultation (12.1 percent) than women of higher parity (2 births or more) (2.6 percent). That difference was found for all races combined, and for white and black women separately. Although no direct evidence can support it, the interpretation of the parity difference is straightforward. Couples with a fecundity impairment are more likely than others to be childless, and subfecund couples with no children are expected to be more likely than others to seek infertility services.

Table D also shows that the percent of women with a recent infertility visit was somewhat higher in

the West Region (8.6 percent) than in the remainder of the Nation (6.5 percent); but that difference was not statistically significant. For white women considered separately, however, the difference was statistically significant at the 10-percent level; white women

in the West Region were somewhat more likely than women elsewhere to have had a recent infertility consultation. However, the data suggest that black women in the West Region were less likely to have had a visit than black women outside that region.

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List of detailed tables

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Race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years			
				Total	Place of most recent visit		
					Total	Own physician	Organized medical service
All races ¹				Percent	Percent distribution		
15-44 years	27,488	76.8	22,923	58.6	100.0	84.1	15.9
15-29 years	12,463	83.8	12,126	70.8	100.0	81.7	18.3
30-44 years	15,024	70.9	10,798	44.5	100.0	88.5	11.5
White							
15-44 years	24,795	78.1	20,553	59.9	100.0	85.9	14.1
15-29 years	11,218	85.1	10,921	72.3	100.0	83.6	16.4
30-44 years	13,577	72.3	9,632	45.5	100.0	90.1	9.9
Black							
15-44 years	2,169	64.4	1,896	46.9	100.0	63.0	37.0
15-29 years	993	73.7	962	57.8	100.0	61.2	38.8
30-44 years	1,177	56.5	933	35.4	100.0	66.0	34.0
Hispanic origin ²							
15-44 years	1,699	68.8	1,519	51.8	100.0	67.3	32.7
15-29 years	834	71.6	822	62.0	100.0	62.6	37.4
30-44 years	865	66.0	697	39.6	100.0	76.7	*23.3

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 2. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to parity, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Parity, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years				
				Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
0-1 parity								
All races ¹				Percent	Percent distribution			
15-44 years	10,805	76.2	10,163	63.2	100.0	82.7	17.3	
15-29 years	8,039	83.3	7,919	70.5	100.0	81.9	18.1	
30-44 years	2,766	55.4	2,244	37.4	100.0	88.3	11.7	
White								
15-44 years	9,797	77.9	9,209	64.7	100.0	84.5	15.5	
15-29 years	7,342	84.6	7,233	71.7	100.0	83.7	16.3	
30-44 years	2,455	57.8	1,976	38.8	100.0	89.4	10.6	
Black								
15-44 years	768	58.9	719	47.3	100.0	62.6	37.4	
15-29 years	526	70.5	515	55.9	100.0	61.7	38.3	
30-44 years	242	33.8	204	25.6	100.0	67.9	32.1	
Hispanic origin ²								
15-44 years	522	63.3	592	52.8	100.0	69.8	30.2	
15-29 years	456	68.6	456	60.1	100.0	67.7	32.3	
30-44 years	165	48.5	136	28.6	100.0	*85.0	15.0	
2-4 parity								
All races ¹								
15-44 years	14,523	78.1	11,380	55.1	100.0	86.0	14.0	
15-29 years	4,363	85.1	4,151	71.7	100.0	81.8	18.2	
30-44 years	10,161	75.0	7,230	45.3	100.0	89.9	10.1	
White								
15-44 years	13,198	78.9	10,205	56.0	100.0	87.6	12.4	
15-29 years	3,829	86.4	3,646	73.6	100.0	83.7	16.3	
30-44 years	9,369	75.8	6,558	45.9	100.0	91.1	8.9	
Black								
15-44 years	1,060	70.4	936	48.7	100.0	65.4	34.6	
15-29 years	452	76.8	433	59.2	100.0	61.3	38.7	
30-44 years	608	65.7	503	39.5	100.0	70.9	29.1	
Hispanic origin ²								
15-44 years	917	71.9	802	48.9	100.0	64.4	35.6	
15-29 years	371	74.7	359	64.3	100.0	56.3	43.7	
30-44 years	546	70.0	443	36.1	100.0	77.4	22.6	
5 parity or more								
All races ¹								
15-44 years	2,159	71.1	1,380	52.7	100.0	80.4	19.6	
15-29 years	62	65.5	56	65.0	100.0	*46.7	*53.3	
30-44 years	2,097	71.3	1,324	52.1	100.0	82.3	17.7	
White								
15-44 years	1,800	73.9	1,139	55.6	100.0	84.4	*15.6	
15-29 years	47	*57.8	41	*58.4	100.0	*45.7	*54.3	
30-44 years	1,753	74.3	1,098	55.5	100.0	86.0	14.0	

See footnotes at end of table.

Table 2. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to parity, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976—Con.

Parity, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years			
				Total	Place of most recent visit		
					Total	Own physician	Organized medical service
5 parity or more—Con.							
Black				Percent	Percent distribution		
15-44 years	342	57.8	240	38.3	100.0	51.7	48.3
15-29 years	15	89.9	15	*84.5	100.0	*48.8	*51.2
30-44 years	327	56.4	226	35.2	100.0	52.2	47.8
Hispanic origin ²							
15-44 years	161	71.9	125	*65.2	100.0	*70.3	*29.7
15-29 years	6	*100.0	6	*71.4	100.0	*62.7	*37.3
30-44 years	154	70.8	119	64.8	100.0	*70.7	*29.2

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 3. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to poverty level income, race or Hispanic origin and age: currently married women 15-44 years of age, United States, 1976

Poverty level income, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years				
				Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
Below poverty income								
All races ¹				Percent	Percent distribution			
15-44 years	1,418	70.7	1,246	58.5	100.0	69.4	30.6	
15-29 years	738	78.6	714	72.8	100.0	69.2	30.8	
30-44 years	680	62.1	533	38.3	100.0	70.1	*29.9	
White								
15-44 years	1,117	74.2	990	62.3	100.0	74.6	25.4	
15-29 years	611	80.4	594	77.0	100.0	73.4	26.6	
30-44 years	506	66.8	397	39.9	100.0	78.3	*21.7	
Black								
15-44 years	252	55.6	221	43.8	100.0	44.4	55.6	
15-29 years	99	61.9	97	51.6	100.0	50.0	50.0	
30-44 years	153	51.5	125	*36.7	100.0	*37.1	*62.9	
Hispanic origin ²								
15-44 years	176	65.2	163	*45.7	100.0	*40.4	*59.6	
15-29 years	79	73.5	74	*61.3	100.0	*42.0	*58.0	
30-44 years	97	58.4	88	*32.5	100.0	*37.2	*62.8	
100-149 percent of poverty income								
All races ¹								
15-44 years	2,030	72.9	1,755	58.2	100.0	64.5	35.5	
15-29 years	1,026	82.1	993	68.9	100.0	60.1	39.9	
30-44 years	1,004	63.3	762	44.3	100.0	72.8	27.2	
White								
15-44 years	1,748	73.5	1,502	60.4	100.0	63.8	36.2	
15-29 years	880	83.2	851	70.4	100.0	58.4	41.6	
30-44 years	868	63.6	651	47.3	100.0	73.7	26.3	
Black								
15-44 years	226	66.6	198	41.1	100.0	59.5	*40.5	
15-29 years	105	70.5	101	*57.9	100.0	*62.1	*37.9	
30-44 years	121	63.2	98	*23.8	100.0	*53.4	*46.6	
Hispanic origin ²								
15-44 years	220	71.1	213	*61.8	100.0	*48.8	*51.2	
15-29 years	133	70.2	133	*62.1	100.0	*45.9	*54.1	
30-44 years	87	72.6	80	*61.3	100.0	*53.7	*46.3	
150-199 percent of poverty income								
All races ¹								
15-44 years	3,098	80.7	2,678	62.8	100.0	78.0	22.0	
15-29 years	1,561	85.7	1,521	73.3	100.0	75.3	24.7	
30-44 years	1,538	75.7	1,157	48.6	100.0	83.4	16.6	
White								
15-44 years	2,790	81.2	2,415	63.1	100.0	80.2	19.8	
15-29 years	1,398	86.5	1,362	73.9	100.0	77.5	22.5	
30-44 years	1,393	75.9	1,053	48.6	100.0	85.8	14.2	

See footnotes at end of table.

Table 3. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to poverty level income, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976-Con.

Poverty level income, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years				
				Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
150-199 percent of poverty income—Con.								
Black				Percent	Percent distribution			
15-44 years	274	76.3	228	60.2	100.0	55.9	44.1	
15-29 years	148	82.1	144	70.4	100.0	57.7	42.3	
30-44 years	126	69.6	84	*42.8	100.0	*50.7	*49.3	
Hispanic origin ²								
15-44 years	219	72.3	209	*56.1	100.0	*61.9	*38.1	
15-29 years	122	86.2	120	*67.5	100.0	*49.3	*50.7	
30-44 years	97	54.9	89	*40.8	100.0	*94.8	*5.2	
200 percent and above of poverty income								
All races ¹								
15-44 years	17,958	79.0	14,836	60.0	100.0	89.2	10.8	
15-29 years	8,013	86.3	7,804	72.3	100.0	87.2	12.8	
30-44 years	9,945	73.1	7,032	46.2	100.0	92.8	7.2	
White								
15-44 years	16,723	80.0	13,732	61.0	100.0	90.4	9.6	
15-29 years	7,443	87.1	7,251	73.1	100.0	88.8	11.2	
30-44 years	9,280	74.2	6,482	47.2	100.0	93.3	6.7	
Black								
15-44 years	945	66.9	839	48.0	100.0	72.5	27.5	
15-29 years	454	77.1	441	58.5	100.0	66.1	33.9	
30-44 years	490	57.5	397	36.3	100.0	84.1	*15.9	
Hispanic origin ²								
15-44 years	772	70.5	689	51.4	100.0	84.4	*15.6	
15-29 years	364	74.4	359	65.7	100.0	79.7	*20.3	
30-44 years	408	67.0	310	34.3	100.0	95.0	*5.0	

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 4. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to labor force status, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Labor force status, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years			
				Total	Place of most recent visit		
					Total	Own physician	Organized medical service
In labor force							
All races ¹				Percent	Percent distribution		
15-44 years	13,488	77.2	11,084	57.9	100.0	85.2	14.8
15-29 years	6,021	86.0	5,864	71.9	100.0	84.1	15.9
30-44 years	7,468	70.0	5,219	41.9	100.0	87.4	12.6
White							
15-44 years	11,914	78.9	9,726	59.4	100.0	87.4	12.6
15-29 years	5,357	87.3	5,215	73.3	100.0	86.2	13.8
30-44 years	6,557	71.9	4,510	43.0	100.0	89.8	10.2
Black							
15-44 years	1,349	66.0	1,170	46.0	100.0	64.3	35.7
15-29 years	563	77.1	549	59.9	100.0	63.5	36.5
30-44 years	786	58.0	621	33.6	100.0	65.6	34.4
Hispanic origin ²							
15-44 years	705	72.5	643	56.1	100.0	72.1	27.9
15-29 years	347	81.2	347	71.8	100.0	68.7	*31.3
30-44 years	358	64.1	296	*37.4	100.0	*80.2	*19.8
Not in labor force							
All races ¹							
15-44 years	13,957	76.4	11,804	59.1	100.0	83.1	16.9
15-29 years	6,431	81.8	6,249	69.9	100.0	79.3	20.7
30-44 years	7,527	71.7	5,555	46.8	100.0	89.4	10.6
White							
15-44 years	12,839	77.5	10,792	60.3	100.0	84.5	15.5
15-29 years	5,849	83.1	5,694	71.4	100.0	81.0	19.0
30-44 years	6,990	72.7	5,098	47.7	100.0	90.3	9.7
Black							
15-44 years	819	61.7	725	48.4	100.0	61.0	39.0
15-29 years	428	69.1	413	55.1	100.0	58.0	42.0
30-44 years	391	53.7	312	39.1	100.0	66.7	33.3
Hispanic origin ²							
15-44 years	994	66.1	877	48.6	100.0	63.1	36.9
15-29 years	487	64.7	475	54.8	100.0	56.5	43.5
30-44 years	507	67.4	401	41.1	100.0	74.3	*25.7

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 5. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to religion, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

age: currently married women 15-44 years of age, United States, 1976				Visited in the last 3 years				
Religion, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
Protestant								
All races ¹				Percent	Percent distribution			
15-44 years	17,354	77.9	13,905	58.4	100.0	83.8	16.2	
15-29 years	7,632	83.4	7,389	68.6	100.0	81.4	18.6	
30-44 years	9,722	73.6	6,516	46.7	100.0	88.0	12.0	
White								
15-44 years	15,368	79.7	12,183	60.3	100.0	86.3	13.7	
15-29 years	6,760	84.8	6,545	70.2	100.0	83.9	16.1	
30-44 years	8,608	75.6	5,639	48.5	100.0	90.2	9.8	
Black								
15-44 years	1,908	64.3	1,645	46.2	100.0	60.1	39.9	
15-29 years	845	72.9	817	56.2	100.0	56.3	43.7	
30-44 years	1,063	57.4	828	36.0	100.0	66.3	33.7	
Hispanic origin ²								
15-44 years	340	65.8	294	57.6	100.0	76.9	*23.1	
15-29 years	215	66.7	210	59.8	100.0	76.9	*23.1	
30-44 years	125	64.3	83	51.9	100.0	76.8	*23.2	
Catholic								
All races ¹								
15-44 years	7,792	72.9	6,871	56.9	100.0	85.6	14.4	
15-29 years	3,638	83.7	3,580	74.0	100.0	83.8	16.2	
30-44 years	4,154	63.3	3,291	38.0	100.0	89.5	10.5	
White								
15-44 years	7,336	73.4	6,447	57.5	100.0	86.8	13.2	
15-29 years	3,405	84.5	3,353	74.8	100.0	85.2	14.8	
30-44 years	3,931	63.7	3,093	38.2	100.0	90.4	9.6	
Black								
15-44 years	165	62.3	158	47.8	100.0	72.4	*27.6	
15-29 years	83	72.3	81	62.0	100.0	81.0	*19.0	
30-44 years	83	52.2	76	*32.6	100.0	*58.1	*41.9	
Hispanic origin ²								
15-44 years	1,269	69.5	1,152	49.7	100.0	62.6	37.4	
15-29 years	578	73.5	572	63.2	100.0	56.5	43.5	
30-44 years	690	66.1	581	36.3	100.0	73.9	*26.1	
Jewish								
All races ¹								
15-44 years	707	77.2	642	54.1	100.0	92.6	*7.4	
15-29 years	222	83.6	216	65.4	100.0	91.0	*9.0	
30-44 years	485	74.3	426	48.3	100.0	93.6	*6.4	
White								
15-44 years	706	77.2	641	54.0	100.0	92.6	*7.4	
15-29 years	222	83.6	216	65.4	100.0	91.0	*9.0	
30-44 years	484	74.3	425	48.1	100.0	93.6	*6.4	

See footnotes at end of table.

Table 5. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to religion, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976--Con.

Religion, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years			
				Total	Place of most recent visit		
					Total	Own physician	Organized medical service
Other or none							
All races ¹				Percent	Percent distribution		
15-44 years	1,582	83.3	1,454	69.7	100.0	77.5	22.5
15-29 years	960	87.6	929	78.2	100.0	73.8	26.2
30-44 years	622	76.6	526	54.8	100.0	86.1	13.9
White							
15-44 years	1,336	86.5	1,234	72.2	100.0	76.4	23.6
15-29 years	820	90.2	795	80.9	100.0	73.2	26.8
30-44 years	516	80.5	439	56.4	100.0	84.2	*15.8
Black							
15-44 years	90	72.7	88	59.6	100.0	90.3	*9.7
15-29 years	64	84.8	63	72.7	100.0	91.2	*8.8
30-44 years	27	43.7	25	*26.2	100.0	*84.2	*15.8
Hispanic origin ²							
15-44 years	80	66.1	63	*72.7	100.0	*88.5	*11.5
15-29 years	40	69.9	40	*57.4	100.0	*77.2	*22.8
30-44 years	39	62.1	23	100.0	100.0	100.0	

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 6. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to geographic region, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Geographic region, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years				
				Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
Northeast								
All races ¹				Percent	Percent distribution			
15-44 years	5,561	70.4	5,031	51.9	100.0	88.0	12.0	
15-29 years	2,197	80.0	2,168	68.0	100.0	86.7	13.3	
30-44 years	3,363	64.1	2,863	39.6	100.0	89.7	10.3	
White								
15-44 years	5,100	71.9	4,624	52.6	100.0	89.3	10.7	
15-29 years	1,998	82.0	1,971	69.7	100.0	88.4	11.6	
30-44 years	3,102	65.4	2,652	39.8	100.0	90.6	9.4	
Black								
15-44 years	342	58.0	291	45.5	100.0	70.6	29.4	
15-29 years	121	79.1	119	64.3	100.0	71.7	*28.3	
30-44 years	220	46.2	172	32.2	100.0	68.9	*31.1	
Hispanic origin ²								
15-44 years	306	53.1	279	40.6	100.0	*58.3	*41.7	
15-29 years	109	57.0	107	*47.8	100.0	*30.0	*70.0	
30-44 years	197	50.8	172	*36.0	100.0	*82.6	*17.4	
North Central								
All races ¹								
15-44 years	7,893	77.9	6,424	59.7	100.0	86.6	13.4	
15-29 years	3,662	85.6	3,579	72.4	100.0	84.2	15.8	
30-44 years	4,231	71.1	2,845	43.3	100.0	91.8	8.2	
White								
15-44 years	7,479	78.5	6,054	60.3	100.0	87.9	12.1	
15-29 years	3,463	86.3	3,396	72.9	100.0	85.7	14.3	
30-44 years	4,016	71.6	2,658	43.7	100.0	92.8	7.2	
Black								
15-44 years	304	65.1	270	48.0	100.0	59.8	40.2	
15-29 years	118	71.2	112	57.8	100.0	48.1	51.9	
30-44 years	186	61.2	158	40.6	100.0	72.7	*27.3	
Hispanic origin ²								
15-44 years	150	83.3	138	*64.9	100.0	*51.1	*48.9	
15-29 years	96	84.6	96	*74.6	100.0	*59.0	*41.0	
30-44 years	54	81.0	42	*42.7	100.0	-	*100.0	
South								
All races ¹								
15-44 years	9,213	76.4	7,611	57.9	100.0	82.0	18.0	
15-29 years	4,400	83.2	4,250	69.5	100.0	79.9	20.1	
30-44 years	4,813	70.1	3,361	42.8	100.0	86.6	13.4	
White								
15-44 years	7,838	78.4	6,405	60.0	100.0	85.3	14.7	
15-29 years	3,720	85.2	3,591	72.0	100.0	83.4	16.6	
30-44 years	4,118	72.3	2,814	44.4	100.0	89.2	10.8	

See footnotes at end of table.

Table 6. Number of women and percent who ever had a family planning visit, number of nonsterile women and percent who had a family planning visit in the last 3 years, and percent distribution by place of most recent visit in the last 3 years, according to geographic region, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976-Con.

Geographic region, race or origin, and age	Number of women in thousands	Percent of women who ever visited	Number of nonsterile women in thousands	Visited in the last 3 years				
				Total	Place of most recent visit			
					Total	Own physician	Organized medical service	
South—Con.								
Black				Percent	Percent distribution			
15-44 years	1,281	64.6	1,120	46.5	100.0	59.6	40.4	
15-29 years	645	72.4	624	55.8	100.0	56.2	43.8	
30-44 years	637	56.7	497	34.5	100.0	66.4	33.6	
Hispanic origin ²								
15-44 years	678	68.7	611	47.8	100.0	75.0	*25.0	
15-29 years	325	71.8	320	60.3	100.0	68.0	*32.0	
30-44 years	354	65.9	291	33.8	100.0	90.7	*9.3	
West								
All races ¹								
15-44 years	4,821	83.0	3,857	66.8	100.0	80.0	20.0	
15-29 years	2,204	85.9	2,129	73.9	100.0	76.2	23.8	
30-44 years	2,617	80.6	1,728	57.9	100.0	85.9	14.1	
White								
15-44 years	4,378	84.3	3,470	68.8	100.0	80.3	19.7	
15-29 years	2,037	86.2	1,962	74.5	100.0	75.8	24.2	
30-44 years	2,341	82.7	1,508	61.2	100.0	87.4	12.6	
Black								
15-44 years	242	71.3	215	50.0	100.0	73.4	*26.6	
15-29 years	108	77.8	108	62.1	100.0	86.6	*13.4	
30-44 years	134	66.0	106	37.4	100.0	50.6	49.4	
Hispanic origin ²								
15-44 years	564	73.4	491	59.3	100.0	68.0	*32.0	
15-29 years	304	72.4	299	65.0	100.0	67.1	*32.9	
30-44 years	260	74.6	192	50.5	100.0	*69.8	*30.2	

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 7. Number of nonsterile women who had a family planning visit in the last 3 years and percent distribution by recommendation received, according to place of most recent visit, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Place of most recent visit, race or origin, and age	Number of nonsterile women in thousands	Recommendation			
		Total	No recommen- dation	Start method	Change method
Own physician					
All races ¹					
		Percent distribution			
15-44 years	10,648	100.0	53.2	18.7	28.1
15-29 years	6,664	100.0	56.3	20.6	23.1
30-44 years	3,984	100.0	48.0	15.5	36.5
White					
15-44 years	9,986	100.0	53.5	18.2	28.3
15-29 years	6,276	100.0	56.3	20.4	23.3
30-44 years	3,709	100.0	48.6	14.6	36.8
Black					
15-44 years	521	100.0	49.3	21.3	29.4
15-29 years	320	100.0	53.7	22.7	23.6
30-44 years	201	100.0	42.3	19.0	38.7
Hispanic origin ²					
15-44 years	505	100.0	47.0	22.7	30.3
15-29 years	313	100.0	49.2	23.8	27.0
30-44 years	192	100.0	*43.4	*20.8	*35.8
Organized medical service					
All races ¹					
15-44 years	2,011	100.0	48.7	27.1	24.2
15-29 years	1,494	100.0	49.5	29.5	21.0
30-44 years	519	100.0	46.2	20.1	33.7
White					
15-44 years	1,640	100.0	48.8	26.0	25.2
15-29 years	1,236	100.0	49.1	28.6	22.3
30-44 years	409	100.0	48.0	17.9	34.1
Black					
15-44 years	307	100.0	45.6	30.4	24.0
15-29 years	202	100.0	49.7	31.4	18.9
30-44 years	103	100.0	37.4	28.5	34.2
Hispanic origin ²					
15-44 years	246	100.0	39.6	41.1	*19.3
15-29 years	187	100.0	*36.2	*45.7	*18.2
30-44 years	58	100.0	*50.6	*26.3	*23.1

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 8. Number of nonsterile women who had a family planning visit in the last 3 years and who received a recommendation to start a method of contraception or change methods, and percent distribution by method recommended, according to place of most recent visit, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Place of most recent visit, race or origin, and age	Number of nonsterile women in thousands	Contraceptive method recommended					
		Total	Sterilization	Pill	IUD	Traditional methods	None
Own physician							
All races ¹		Percent distribution					
15-44 years	4,976	100.0	30.0	35.4	15.5	18.5	*0.6
15-29 years	2,913	100.0	15.8	47.4	16.7	19.2	*0.9
30-44 years	2,063	100.0	50.2	18.3	13.8	17.4	*0.3
White							
15-44 years	4,637	100.0	30.4	35.5	15.2	18.3	*0.5
15-29 years	2,739	100.0	15.9	47.3	16.9	19.3	*0.7
30-44 years	1,898	100.0	51.4	18.5	12.9	16.9	*0.3
Black							
15-44 years	264	100.0	28.9	32.2	*13.8	21.9	*3.2
15-29 years	148	100.0	*16.5	44.3	*12.2	*21.4	*5.6
30-44 years	116	100.0	45.6	*16.0	*16.0	*22.5	-
Hispanic origin ²							
15-44 years	267	100.0	*27.7	*31.8	*19.2	*21.3	-
15-29 years	159	100.0	*11.6	*51.3	*22.0	*15.1	-
30-44 years	108	100.0	*51.2	*3.3	*15.1	*30.4	-
Organized medical service							
All races ¹							
15-44 years	1,032	100.0	20.8	46.2	16.1	14.7	*2.3
15-29 years	754	100.0	10.8	52.7	18.1	16.2	*2.2
30-44 years	278	100.0	47.6	28.5	*11.0	*10.6	*2.3
White							
15-44 years	840	100.0	21.3	45.1	16.3	14.6	*2.6
15-29 years	628	100.0	*10.6	52.5	18.3	15.8	*2.7
30-44 years	212	100.0	52.8	*23.2	*10.4	*11.1	*2.5
Black							
15-44 years	166	100.0	*21.1	48.0	*17.4	*12.8	*0.7
15-29 years	102	100.0	*14.5	50.3	*20.1	*15.1	-
30-44 years	65	100.0	*31.4	*44.5	*13.2	*9.2	*1.7
Hispanic origin ²							
15-44 years	148	100.0	*20.4	*56.7	*17.9	*5.0	-
15-29 years	120	100.0	*4.6	*68.0	*21.2	*6.2	-
30-44 years	29	100.0	*83.7	*11.7	*4.6	-	-

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 9. Number of nonsterile women who had a family planning visit in the last 3 years, percent currently using contraception, and percent distribution by contraceptive method currently used, according to place of most recent visit, race or Hispanic origin, and age: currently married women 15-44 years of age, United States, 1976

Place of most recent visit, race or origin, and age		Number of nonsterile women in thousands	Contraceptors					
			Percent currently using contraception	Method of contraception				
				All methods	Sterilization	Pill	IUD	Traditional methods
Own physician								
All races ¹								
15-44 years	10,648	78.2	100.0	18.2	43.4	9.8	28.6	
15-29 years	6,664	76.0	100.0	10.3	53.0	9.1	27.6	
30-44 years	3,984	82.0	100.0	30.5	28.4	11.0	30.1	
White								
15-44 years	9,986	78.5	100.0	18.8	43.2	9.6	28.4	
15-29 years	6,276	76.2	100.0	10.6	52.7	9.1	27.6	
30-44 years	3,709	82.5	100.0	31.6	28.2	10.4	29.8	
Black								
15-44 years	521	73.5	100.0	12.5	46.3	10.6	30.6	
15-29 years	320	73.6	100.0	*7.6	52.3	*6.0	34.1	
30-44 years	201	73.2	100.0	*20.1	36.9	*17.9	25.1	
Hispanic origin ²								
15-44 years	505	72.5	100.0	*12.5	42.1	*19.2	*26.2	
15-29 years	313	79.8	100.0	*9.3	52.0	*16.7	*22.0	
30-44 years	192	60.9	100.0	*19.2	*21.6	*24.3	*34.9	
Organized medical services								
All races ¹								
15-44 years	2,011	75.8	100.0	12.9	47.9	14.4	24.8	
15-29 years	1,494	75.1	100.0	8.4	54.8	12.6	24.2	
30-44 years	519	78.0	100.0	25.4	29.0	19.3	26.3	
White								
15-44 years	1,640	77.8	100.0	13.6	47.4	14.8	24.2	
15-29 years	1,236	77.0	100.0	9.2	54.8	12.6	23.4	
30-44 years	409	80.2	100.0	26.3	26.4	21.1	26.2	
Black								
15-44 years	307	69.5	100.0	*9.0	53.0	*11.5	26.5	
15-29 years	202	70.1	100.0	*5.2	58.8	*10.8	*25.2	
30-44 years	103	68.2	100.0	*16.6	*41.4	*12.7	*29.3	
Hispanic origin ²								
15-44 years	246	71.7	100.0	*20.8	*45.3	*11.3	*22.6	
15-29 years	187	68.3	100.0	*8.6	*52.3	*13.0	*26.1	
30-44 years	58	82.1	100.0	*52.3	*27.1	*6.9	*13.7	

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

Table 10. Number of nonsterile women and percent who used infertility services in the last 3 years, by race or Hispanic origin, age, parity, labor force status, religion, and geographic region: currently married women 15-44 years of age, United States, 1976

Characteristic	All races ¹	White	Black	Hispanic origin ²	All races ¹	White	Black	Hispanic origin ²
	Number of women in thousands				Percent who used infertility services			
All characteristics	22,923	20,553	1,896	1,519	6.9	6.7	7.4	6.8
Age								
15-29 years	12,126	10,921	962	822	8.5	8.4	8.8	*8.1
30-44 years	10,798	9,632	933	697	5.0	4.7	5.9	*5.4
Parity								
0 parity	4,872	4,535	219	227	14.1	13.2	26.2	11.5
1 parity	5,291	4,674	500	366	10.3	10.1	11.0	*11.6
2 parity	6,587	5,940	519	443	3.8	3.9	*2.3	*7.7
3 parity or more	6,174	5,404	658	484	1.4	1.1	*2.3	*0.3
Labor force status								
In labor force	11,084	9,726	1,170	643	7.4	7.3	8.2	5.8
Not in labor force	11,804	10,792	725	877	6.4	6.1	6.1	*7.5
Religion								
Protestant	13,905	12,183	1,645	294	6.8	6.8	6.4	*4.4
Catholic	6,871	6,447	158	1,152	7.0	6.7	*6.5	*7.9
Jewish	642	641	-	-	8.0	8.0	-	-
Other or none	1,454	1,234	88	63	7.3	5.2	*27.3	-
Geographic region								
Northeast	5,031	4,624	291	279	6.7	5.7	*12.1	*15.3
North Central	6,424	6,054	270	138	5.8	5.9	*3.9	*4.3
South	7,611	6,405	1,120	611	7.1	6.9	7.7	*5.0
West	3,857	3,470	215	491	8.6	8.8	*3.4	*5.1

¹Includes white, black, and other races.

²Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported; women of Hispanic origin are included in the statistics by race.

NOTE: Statistics are based on a sample of the household population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms.

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Appendix I. Technical notes

Background

This report is one of a series based on the National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics (NCHS). The NSFG was designed to provide data on fertility, family planning, and aspects of maternal and child health that are closely related to childbearing.

The NSFG is a periodic survey based on personal interviews with a nationwide sample of women. Detailed descriptions of the methods and procedures used in Cycle I and Cycle II of the NSFG have been published in previous reports.^{7,9} This appendix presents a summary discussion of the more important technical aspects of Cycle II.

Fieldwork for Cycle II was carried out under a contract with NCHS by Westat, Inc., between January and September of 1976. The sample is representative of women 15-44 years of age in the household population of the conterminous United States who were ever married or had coresident offspring. Interviews were completed with 8,611 women; 3,009 respondents were black women, and the other 5,602 respondents were of races other than black.

The interview focused on the respondents' marital and pregnancy histories, their use of contraception and the planning status of each pregnancy, their use of maternal care and family planning services, fecundity impairments and their expectations about future births, and a wide range of social and economic characteristics. Although the time required to complete the interviews varied considerably, the average Cycle II interview lasted about 58 minutes.

Statistical design

The NSFG is based on a multistage area probability sample. Black households were sampled at higher rates than other households so that reliable estimates

of statistics could be presented separately for white and black women. In addition, the sample was designed to provide tabulations for each of the four major geographic regions of the United States.

The first stage of the sample design consisted of drawing a sample of primary sampling units (PSU's). A PSU consisted of a county, a small group of contiguous counties, or a standard metropolitan statistical area as defined by the U.S. Bureau of the Census in 1970. The second and third stages of sampling were used to select several segments (clusters of 15 to about 60 dwelling units) within each PSU. A systematic sample of dwelling units was then selected from each segment. Each sample dwelling unit was visited by an interviewer who listed all household members. If a woman 15-44 years of age, ever married or never married with offspring in the household, was listed as being in the household, an extended interview was conducted. If more than one woman in the household met the eligibility criteria, one of the women was randomly selected for an extended interview.

The statistics in this report are estimates for the national population and were computed by multiplying each sample case by the number of women she represented in the population. The multipliers, or final weights, ranged from 647 to 43,024 and averaged 3,822. They were derived by using three basic steps:

- *Inflation by the reciprocal of the probability of selection.*—The probability of selection is the product of the probabilities of selection of the PSU, segment, household, and sample person within the household.
- *Nonresponse adjustment.*—The weighted estimates were ratio adjusted for nonresponse by a multiplication of two factors. The first factor adjusted for nonresponse to the screener by imputing the characteristics of women in responding households to women in nonresponding households in the same PSU and stratum. The second

NOTE: A list of references follows the text.

factor adjusted for nonresponse to the interview by imputing the characteristics of responding women to nonresponding women in the same age-race category and PSU. Response to the screener was 93.8 percent; the response to the interview was 88.2 percent, yielding a combined response rate of approximately 82.7 percent.

- *Poststratification by marital status, age, and race.*—The estimates were ratio adjusted within each of 12 age-race categories to an independent estimate of the population of ever-married women. The independent estimates were derived from the U.S. Bureau of the Census Current Population Surveys of March 1971-March 1976. The numbers of never-married women with coresident offspring were inflated by the first and second steps only.

The effect of the ratio-estimating process was to make the sample more closely representative of the population of women 15-44 years of age living in households in the conterminous United States, who were ever married or with coresident offspring. The final poststratification reduced the sample variance of the estimates for most statistics.

All figures were individually rounded; aggregate figures (numbers) were rounded to the nearest thousand. Aggregate numbers and percents may not sum to the total because of the rounding.

Measurement process

Field operations for Cycle II were carried out by Westat, Inc., under contract with NCHS; these operations included pretesting the interview schedule, selecting the sample, interviewing respondents, and performing specified quality control checks. Interviewers, all of whom were female, were trained for 1 week prior to field work. The first five interview schedules were reviewed; after a high level of quality was achieved by an interviewer, this review was reduced to a sample of questionnaires, unless an unacceptable level of accuracy was found. A 10-percent sample of respondents was recontacted by telephone to verify that the interview had taken place and that certain key items were accurately recorded.

A portion of the interview schedule applicable to this report is reproduced in appendix III. The complete schedule for currently married women was reprinted in another NCHS report.¹⁰ Two different forms of the questionnaire were used, one for interviewing currently married women and the other for interviewing widowed, divorced, separated, or never-married women with coresident offspring. The two forms differed mainly in wording when reference was

made to the husband; some questions in one schedule did not appear in the other.

Data reduction

The responses of each woman to the interview questions were translated into predetermined numerical codes, and these code numbers were recorded on computer tapes. The first few questionnaires coded by each coder were checked completely; after an acceptable level of quality was reached, verification of coding was done on a systematic sample of each coder's questionnaires. The data were edited by computer to identify inconsistencies between responses, as well as code numbers that were not allowed in the coding scheme; these errors were corrected.

Missing data on age and race were imputed because they were used in the nonresponse adjustments and for poststratification. Unlike Cycle I, however, other missing data items were not imputed to expedite release of the data. Therefore, percents and other statistics in Cycle II were based on cases with known data. For most variables, the level of missing data was much less than 1 percent. The level of missing data is noted in the "Definitions of terms" for each item that was missing 2 percent or more of the responses. For those few variables for which missing data may pose a problem for analysis (e.g., poverty level income), this fact is noted in the text.

Reliability of estimates

Because the statistics presented in this report are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same questionnaires, instructions, interviewing personnel, and field procedures. This chance difference between sample results and a complete count is referred to as sampling error.

Sampling error is measured by a statistic called the standard error of estimate. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete count by less than the standard error. The chances are about 95 out of 100 that the difference between the sample estimate and a complete count would be less than twice the standard error. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percent of the estimate. Numbers and percents that have a relative standard error that is more than 25 percent are considered unreliable. These figures are marked with an asterisk to caution the user, but may be combined to make other types of comparisons of greater reliability.

Estimation of standard errors.—Because of the complex multistage design of the NSFG sample, con-

NOTE: A list of references follows the text.

ventional formulas for calculating sampling errors are inapplicable. Standard errors were, therefore, estimated empirically, by using a technique known as balanced half-sample replication. This technique produces highly reliable, unbiased estimates of sampling errors. Its application to the NSFG has been described elsewhere.^{7,9}

Because it would be prohibitively expensive to estimate, and cumbersome to publish, a standard error for each percent or other statistic by this technique, standard errors were computed for selected statistics and population subgroups that were chosen to represent a wide variety of demographic characteristics and a wide variation in the size of the estimates themselves. Curves were then fitted to the relative standard error estimates (ratio of the standard error to the estimate itself) for numbers of women according to the model

$$RSE(N') = (A + B/N')^{1/2}$$

where N' is the number of women and A and B are the parameters whose estimates determine the shape of the curve. Separate curves were fitted for women of all races combined, for black women, and for women of races other than black, because different sampling rates were used for black and other women. The estimates of A and B are shown in table I.

To calculate the estimated standard error or relative standard error of an aggregate or percent, the appropriate estimates of A and B are used in the equations:

$$RSE_N = (A + B/N')^{1/2}$$

$$SE_N = (A + B/N')^{1/2} \times N'$$

$$RSE_P = (B/P' \times (100 - P')/X')^{1/2}$$

$$SE_P = (B \times P' \times (100 - P')/X')^{1/2}$$

where

N' = number of women

P' = percent

X' = number of women in the denominator of the percent

SE = standard error

RSE = relative standard error

Tables II and III show some illustrative standard errors of aggregates and percents of currently married women of all races from Cycle II of the NSFG.

Testing differences.—The standard error of a difference between two comparative statistics, such as the proportion surgically sterile among white women compared with black women, is approximately the

Table I. Parameters used to compute estimated standard errors and relative standard errors of numbers and percents of women, by marital status and race: 1976 National Survey of Family Growth

Marital status and race	Parameter	
	A	B
Currently married		
All races	-0.0001858989	6751.0619
White	-0.0002056235	7021.1665
Black	-0.0006310400	2798.6440
Ever married		
All races	0.0001700390	6486.5185
White	0.0000422037	7111.5185
Black	-0.0004520643	2848.2362

Table II. Approximate relative standard errors and standard errors for estimated numbers of currently married women of all races combined: 1976 National Survey of Family Growth

Size of estimate	Relative standard error	Standard error
50,000	36.7	18,000
100,000	25.9	26,000
500,000	11.5	58,000
1,000,000	8.1	81,000
3,000,000	4.5	136,000
5,000,000	3.4	171,000
7,000,000	2.8	195,000
10,000,000	2.2	221,000
20,000,000	1.2	246,000

square root of the sum of the squares of the standard errors of the statistics considered separately, or calculated by the formula, if

$$d = P'_1 - P'_2$$

then

$$\sigma_d = \sqrt{(P'_1)^2 \cdot (RSE_{P'_1})^2 + (P'_2)^2 \cdot (RSE_{P'_2})^2}$$

where P'_1 is the estimated percent for one group, and P'_2 is the estimated percent for the other group, and $RSE_{P'_1}$ and $RSE_{P'_2}$ are the relative standard errors of P'_1 and P'_2 , respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

A statistically significant difference among comparable proportions or other statistics from two or more subgroups is sufficiently large when a difference of that size or larger would be expected by chance in less than 5 percent of repeated samples of the same size and type if no true difference existed in the

NOTE: A list of references follows the text.

Table III. Approximate standard errors expressed in percentage points for estimated percents of currently married women of all races combined: 1976 National Survey of Family Growth

Base of percent	Estimated percent								
	2 or 98	5 or 95	7 or 93	10 or 90	15 or 85	20 or 80	30 or 70	40 or 60	50
Standard error expressed in percentage points									
100,000	3.6	5.7	6.6	7.6	9.3	10.4	11.9	12.7	13.0
500,000	1.6	2.5	3.0	3.5	4.2	4.7	5.3	5.7	5.8
1,000,000	1.2	1.8	2.1	2.5	2.9	3.3	3.8	4.0	4.1
3,000,000	0.7	1.0	1.2	1.4	1.7	1.9	2.2	2.3	2.4
5,000,000	0.5	0.8	0.9	1.1	1.3	1.5	1.7	1.8	1.8
7,000,000	0.4	0.7	0.8	0.9	1.1	1.2	1.4	1.5	1.6
10,000,000	0.4	0.6	0.7	0.8	0.9	1.0	1.2	1.3	1.3
20,000,000	0.3	0.4	0.5	0.6	0.7	0.7	0.8	0.9	0.9

Example of use of table III: If 30 percent of currently married women in a specific category used the oral contraceptive pill and the base of that percent was 10,000,000, then the 30-percent column and the 10,000,000 row would indicate that 1 standard error is 1.2 percentage points and 2 standard errors are twice that, or 2.4 percentage points. Therefore, the chances are about 95 out of 100 that the true percent in the population was between 27.5 and 32.4 percent (30.0 percent $\pm$ 2.4 percent). This is called a 95-percent confidence interval. In addition, the relative standard error of that 30-percent estimate is 1.2 percent divided by 30 percent, or 4.0 percent.

populations sampled. Such a difference would be statistically significant at the 0.05 level. By this criterion, if the observed difference or a larger one could be expected by chance in more than 5 percent of repeated samples, then one cannot be sufficiently confident to conclude that a real difference exists between the populations. When an observed difference is large enough to be statistically significant, the true difference in the population is estimated to lie between the observed difference plus or minus 2 standard errors of that difference in 95 out of 100 samples.

Although the 5-percent criterion is conventionally applied, it is in a sense arbitrary; depending on the purpose of the particular comparison, a different level of significance may be more useful. For greater confidence one would test for significance at the 0.01 (1-percent) level, but if one can accept a 10-percent chance of concluding a difference exists when there actually is none in the population, a test of significance at the 0.10 level would be appropriate.

The term "similar" means that any observed difference between two estimates being compared is not statistically significant, but terms such as "greater," "less," "larger," and "smaller" indicate that the observed differences are statistically significant at the 0.05 level, by using a two-tailed *t*-test with 40 degrees of freedom. Statements about differences that are qualified in some way (e.g., by the use of the phrases "the data suggest" or "some evidence") indicate that the difference is significant at the 0.10 level, but not at the 0.05 level.

When a substantial difference observed is found not to be statistically significant, one should not conclude that no difference exists, but simply that such a difference cannot be established with 95-percent confidence from this sample. Lack of comment in the text about any two statistics does *not* mean that the difference was tested and found not to be significant.

The number of replicates in the balanced half-sample replication design (40 for Cycle II) can reasonably be used as an estimate of the number of degrees of freedom, although the exact value of the degrees of freedom is unknown. Therefore, in this report, differences between sample statistics are compared by using a two-tailed *t*-test with 40 degrees of freedom.

Example: In 1976, 29.0 percent of 24,795,000 currently married white women had been surgically sterilized, compared with 21.6 percent of 2,169,000 currently married black women. To test this racial difference at the 0.05 level of significance, compute

$$t = \frac{29.0 - 21.6}{\sqrt{(29.0)^2 \cdot RSE_{(29.0)}^2 + (21.6)^2 \cdot RSE_{(21.6)}^2}}$$

By using the parameters from table I in the formula for the RSE of a percent,

$$RSE_{(29.0)} = \sqrt{\frac{7021.1665}{29.0} \cdot \frac{(100 - 29.0)}{24,795,000}} = 0.026$$

and

$$RSE_{(21.6)} = \sqrt{\frac{2798.6440}{21.6} \cdot \frac{(100 - 21.6)}{2,169,000}} = 0.068$$

Thus

$$t = \frac{29.0 - 21.6}{\sqrt{(29.0)^2 (0.026)^2 + (21.6)^2 (0.068)^2}} = 4.48$$

The two-tailed 0.95 critical value ($1 - \alpha$) for a t statistic with 40 degrees of freedom is 2.02. Therefore, the difference is significant at the 0.05 level.

Nonsampling error

Although sampling error affects the precision or reliability of survey estimates, nonsampling error introduces bias. To minimize nonsampling error, stringent quality control procedures were introduced at every stage of the survey including a check on completeness of the household listing; extensive training and practice of interviewers; field editing of questionnaires; short verification interviews with a subsample of respondents and missed households; verification of coding and editing; an independent recode of a sample of questionnaires by NCHS; key-punch verification; and an extensive computer "cleaning" to check for inconsistent responses, missing data, and invalid codes. A detailed description of some of these procedures follows; others were previously discussed.

The results of any survey are subject to at least four types of potential nonsampling error including interview nonresponse; nonresponse to individual questions or items within the interview; inconsistency of responses to questions; and errors of recording, coding, and keying by survey personnel.

A discussion of interview and item nonresponse follows. The third and fourth types of errors cannot be accurately measured, but the quality control procedures (some of which are discussed under "Measurement process" and "Data reduction") of the survey were designed to reduce such nonsampling errors to a minimum.

Interview nonresponse.—Interview nonresponse occurs when no part of an interview is obtained. It can result from failures at any of three principal steps: (1) failing to list all households in sample segments, (2) failing to screen all listed households, and (3) failing to interview an eligible woman in each screened household. A discussion of these steps follows.

The completeness of listing cannot be tested directly because it requires an independent, accurate enumeration of the households that should have been listed. In the NSFG, listing completeness and accuracy was tested indirectly in two ways. First, an independent relisting of about 20 percent of the segments was performed, and any differences between the two lists were pointed out to listers by supervisory staff and reconciled. Secondly, listing accuracy was tested by the missed dwelling unit (DU) procedure at the time of screening: if the first structure in a segment was included in the sample, the whole segment was checked to see if any structures had been missed in the listing process; if the first structure was a multiple-DU structure, the entire structure was checked for

missed DU's. About 700 dwelling units, or about 3 percent of the sample of DU's designated for screening, were included in the sample as a result of the missed DU procedure.

Of the original sample of 32,653 dwelling units to be screened, 5,490 were found to be vacant, not DU's, or group quarters. Of the remaining DU's, 6.2 percent were not screened successfully. This figure included 2.5 percent refusals to have the household members listed, 0.4 percent with language problems, 1.7 percent where no one could be found at home, and 1.7 percent for other reasons such as being refused access to the unit and illness.

Of the 25,480 households for which screening was completed, 10,202 were found to contain an eligible respondent. However, interviews were not completed in 11.8 percent of these cases because of refusals by the eligible respondents (5.8 percent), language problems (0.6 percent), no contact after repeated calls (1.8 percent), or other problems (3.6 percent).

The nonresponse adjustment for interview nonresponse described earlier imputes the characteristics of responding women of the same age group, race, marital status, and geographic area to nonresponding women.

Item nonresponse.—Item nonresponse may have occurred when a respondent refused to answer a question or did not know the answer to a question, when the question was erroneously not asked or the answer not recorded by the interviewer, or where the answer was not codable. Nonresponse to individual questions was very low in Cycle II, as in Cycle I. Some examples of item nonresponse among a total of 8,611 respondents are number of pregnancies, 3 cases; religion of respondent, 17 cases; religion of husband, 232 cases; education, 14 cases; occupation, 185 cases; poverty level income, 1,348 cases. Most of the items with relatively high levels of missing data were characteristics of the respondent's current or last husband, and sources and amount of income.

Unlike Cycle II of the NSFG, missing data items were not imputed in Cycle II, except for a few respondents with missing information on age and race, which were required for the nonresponse and post-stratification adjustments. A small amount of missing data was tolerated in Cycle II to facilitate faster release of data and data tapes from the NSFG. Assignment of missing data codes and editing of selected variables has been performed by NSFG staff when deemed necessary or desirable for analysis, as explained in the appropriate section of the definitions.

As with all survey data, responses to the NSFG are subject to possible deliberate misreporting by the respondent. Such misreporting cannot be detected directly, but it can be detected indirectly by the extensive computer "cleaning" and editing procedures used in the NSFG.

Appendix II. Definitions of terms

Family planning visit.—Women were considered to have made a family planning visit if they reported they had ever talked with a doctor or other trained person about a method of delaying or preventing pregnancy. These women are also referred to as family planning visitors and as users of family planning services. Family planning visits, as defined, did not necessarily include the prescription for a contraceptive method, or any other specific medical service.

Recent family planning visit.—A recent visit was one that was made in the last 3 years before the interview. It was assumed that women who were sterile or married to sterile husbands 3 years before the interview had no need of family planning services, therefore, they were not asked about recent visits.

Place of most recent family planning visit.—Women with a family planning visit in the last 3 years were asked where the last (most recent) visit took place. The term "own physician" includes visits of the respondent with her private physician, whether in the physician's office or in a hospital; it includes group practices and prepaid medical organizations. The term "organized medical services" includes visits to all other places: general clinics, family planning clinics, hospitals, or elsewhere. The category "own physician" is also referred to as personal physician and private physician. The category "organized medical services" is also referred to as clinics. The information needed to classify place of last visit was not ascertained for 3.2 percent of the respondents.

Methods recommended.—Recent family planning visitors were asked if a doctor or other trained person at the last visit recommended that they change contraceptive methods or start using a method. If such a recommendation was made, it was classified according to the specific method recommended. Sterilization, oral contraceptives, and the intrauterine device are presented separately and are sometimes referred to as the more effective methods. All other methods were combined in the category "traditional methods." The information needed to classify methods

recommended was not ascertained for 3.4 percent of the respondents.

Methods currently used.—Women who reported they (or their husbands) had been sterilized for contraceptive reasons, and women who reported they were using some method of contraception at the time of interview, were classified according to the specific method used, including contraceptive sterilization.

Nonsterile.—For this report, women were considered to be sterile if they reported it was impossible for them and their husbands to conceive as a result of an operation, accident, or illness that occurred before January 1973. All other women were considered to be nonsterile at the beginning of the period for which their use of family planning services was reported. Although nonsterile, some of these women had a degree of reproductive impairment.

Infertility services.—Women were considered to have used infertility services if they reported that in the 3 years before the interview they had talked with a doctor or other trained person about *increasing* their chances of having a baby.

Age.—Age was classified by the age of the respondent at her last birthday before the interview date.

Race.—Classification by race was based on interviewer observation and was reported as black, white, or other. Race refers to the race of the woman interviewed.

Hispanic origin.—A respondent was classified as "being of Hispanic origin" if she reported her origin or descent as Mexicano, Chicano, Mexican American, Puerto Rican, Cuban, or other Spanish regardless of whether she also mentioned any other origin.

In tables where data are presented for women according to race and Hispanic origin, women of Hispanic origin are included in the statistics for white and black women if they were identified as such by the interviewer.

Marital status.—Persons are classified by marital status as "married," "widowed," "divorced," "sepa-

rated," or "never married." Married persons include those who reported themselves as married or as informally married (living with a partner or common-law spouse). Persons who were temporarily separated for reasons other than marital discord such as vacation, illness, or Armed Forces were classified as "married."

Poverty level income.—The poverty index ratio was calculated by dividing the total family income by the weighted average threshold income of nonfarm families with the head of household under 65 years of age based on the poverty levels shown in U.S. Bureau of the Census *Current Population Reports*, Series P-60, No. 106, "Money income in 1975 of families and persons in the United States," table A-3.¹¹ This definition takes into account the sex of the family head and the number of persons in the family. Total family income includes income from all sources for all members of the respondent's family. The information needed to classify poverty level was not ascertained for 15.7 percent of the respondents. Because of this relatively high level of missing data, caution is recommended in interpreting the statistics on poverty level.

Household population.—The household population consists of persons living in households. A household is a person or a group of persons where no more than five are unrelated to the head of the household, who occupy a room or group of rooms intended as separate living quarters; that is, the occupants do not live and eat with any other persons in the structure. Either direct access from the outside of the building or through a common hall, or complete kitchen facilities for the exclusive use of the occupants of the household must be present.

Parity.—Parity refers to the number of live births a woman has had. A woman with no live births is classified in obstetrical and demographic terminology as "nulliparous" or of "zero parity"; a woman with one live birth is classified as "primiparous" or of "first parity," and so forth. A woman's parity in these surveys is determined from the questions: "Have you given birth to a baby at any time?" and, if yes, "Altogether, how many babies have you given birth to, including any who died very young?" The accuracy of this information is further verified by obtaining detailed data about each pregnancy and additional information on those pregnancies ending in live birth. A complete pregnancy history was the primary focus of the survey and information on the number of live births and number of pregnancies was obtained for 100 percent of the respondents.

Religion.—Women were classified by religion in response to the question: "Are you Protestant,

Roman Catholic, Jewish, or something else?" In addition to the three major religious groupings, two other categories—"Other" and "None"—were used. Because the category of Protestant includes numerous individual denominations, these respondents were further asked to identify the denomination to which they belonged. Those who answered "other" to the original question and then named a Protestant denomination were included with their own groups. Although specific denominational names were obtained and recorded, the numbers of cases for most denominations were too few to produce reliable estimates; therefore, they have been combined in larger categories.

Labor force status.—A woman is categorized as "being in the labor force" if she was working full or part time; had a job but was not at work because of temporary illness, vacation, or a strike; or if she was unemployed, laid off, or looking for work.

Region of residence.—Data are classified by region of residence into the four major Census regions: Northeast, North Central, South, and West. Sample size greatly restricts the possibility of meaningful analyses by social characteristics among smaller geographic divisions. The areas comprising these four major geographic regions are:

Geographic region and division	States included
Northeast	
New England	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
Middle Atlantic	New York, New Jersey, Pennsylvania
North Central	
East North Central	Ohio, Indiana, Illinois, Michigan, Wisconsin
West North Central	Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South	
South Atlantic	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
East South Central	Kentucky, Tennessee, Alabama, Mississippi
West South Central	Arkansas, Louisiana, Oklahoma, Texas
West	
Mountain	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada
Pacific	Washington, Oregon, Alaska, California, Hawaii

NOTE: A list of references follows the text.

Appendix III. Selected sections of the Currently Married Women Questionnaire of the National Survey of Family Growth

CONTINUE DECK 17

Box 41. If R OR HUSBAND STERILE BEFORE JANUARY, 1973 (SEE D-4), GO TO E-24.
OTHERWISE, CONTINUE.

E-9. During the past three years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?

Yes. 1 (E-12) 21
No 2 (E-10)

E-10. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

Yes. 1 (E-11) 24
No 2 (E-18)

E-11. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR (E-18) 25 26 27 28
D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE (E-18) 29 30
D.K. or Don't remember . . . 98 (E-18)

E-12. The last time you talked with a doctor or trained person about a method, did he or she recommend that you change methods or that you start using a method?

No recommendation. 1 (E-16)
Recommendation to start a method. 2 (E-18) 31
Recommendation to change method. 3 (E-18A)

E-12A. What method were you using at the time the recommendation to change methods was made?

(USE METHOD CODES FROM E-13) METHOD CODE (E-18) 32 33 34 35

E-13. What method was recommended? (CODE AS MANY AS MENTIONED).

Pill A
Foam B
Diaphragm. C
Jelly, Cream, Suppository. D
Diaphragm and Jelly. E
Douches F
IUD, Coil, Loop. G
Abortion H
Operation: Female Sterilization J
Operation: Male Sterilization K
Condom, Rubber L
Rhythm or safe period by temperature M
Rhythm or safe period by calendar. N
Withdrawal or coitus interruptus P
Abstinence (non-intercourse to avoid pregnancy) R
Other (SPECIFY) S

E-14. Did he or she discuss possible side effects or problems with you or your husband?

Yes. 1 32
No 2

- E-15. Where was it that you talked with a doctor or other trained person about a method for delaying or preventing a pregnancy?
(PROBE TO FIND OUT IF A "CLINIC" OR "OFFICE" WAS EXCLUSIVELY FOR FAMILY PLANNING. IF SO, CODE "3." OTHERWISE, CODE "1" OR "2.")

Own doctor's office/group of doctors 1 (E-17)
General medical clinic, hospital out-patient
clinic or public health clinic 2 (E-17)
Family planning clinic or counseling office. . . . 3 (E-17)
While hospital in-patient. 4 (E-18)
Somewhere else (SPECIFY) 5 (E-17)

- E-16. Was this with your regular doctor, a doctor assigned to you, or someone else?

Regular doctor 1
Assigned doctor. 2
Someone else (SPECIFY) 3

- E-17. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR

D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE

D.K. or Don't remember 98

- E-18. In the past three years, have you talked with a medical doctor or to any other trained person about increasing your chances of having a baby?

Yes. 1 (E-18)
No 2 (E-20)

- E-19. When did you last go for help to increase your chances of having a baby?

MONTH/YEAR

- E-20. In the past three years, have you used a calendar or temperature method of rhythm to increase your chances of becoming pregnant? That is, in order to know the days when you are most likely to become pregnant.

Yes. 1 (E-21)
No 2 (E-22)

- E-21. In which months were you trying to become pregnant this way?
(ENTER DATES ON APPROPRIATE LINES.) PROBE: What other months?

	STARTED	(IF) STOPPED	
FIRST TIME	MONTH/YEAR	MONTH/YEAR	93 94 95 96 97 98 99 00
SECOND TIME	MONTH/YEAR	MONTH/YEAR	01 02 03 04 05 06 07 08
CHECK IF 3 OR MORE TIMES			09

E-22. In the past three years, have you used the Pill for medical reasons only -- not for delaying or preventing pregnancy?

Yes. 1 (E-23)
No 2 (Section F)¹³

E-23. Can you tell me when you started using the Pill this way and when you stopped? (ENTER DATES ON APPROPRIATE LINES.) PROBE: What other times?

	STARTED	(IF) STOPPED	
FIRST TIME	MONTH/YEAR	MONTH/YEAR	14 15 16 17 18 19 20 21
			(Section F)
SECOND TIME	MONTH/YEAR	MONTH/YEAR	22 23 24 25 26 27 28 29
CHECK IF 3 OR MORE TIMES			30

E-24. Have you ever had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

Yes. 1 (E-25)
No 2 (Section F)³¹

E-25. When was the very first time you had a discussion with a doctor or other trained person about methods to delay or prevent a pregnancy?

MONTH/YEAR (Section F) 32 33 34 35
D.K. or Don't remember . . . 9898 (Probe)

PROBE: Well, how old were you at that time?

AGE
D.K. or Don't remember 98